

Los Altos Senior Center 97 Hillview Avenue, Los Altos, CA 94022 (650) 947-2797 / Fax: (650) 947-2738 www.losaltosrecreation.org

LOS ALTOS SENIOR CENTER MEMBERSHIP FORM

CONTACT INFORMATION PLEASE PRINT CLEARLY					
First Name:		Last Name:			
Address:					
City: State		:	Zip:		
·			Alternate Phon		
Home Phone:			Alternate Phone:		
Email:		Birtho	ndate:/		□ Male □ Female
	EMERGENCY	CONT	ACT INFORMA	ATION	
1.	Name:		Relationship:		
	Home Phone:		Alternate Phor	ne:	
2.	Name:		Relationship:		
	Home Phone:		Alternate Phor	ne:	
	WAIV	/ER OI	LIABILITY		
In consideration of participation in a class, trip, program or activity offered by the Recreation Department of the City of Los Altos, I, the below undersigned, agree to indemnify and hold the City of Los Altos harmless, and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury, or property damage which I may have or which hereinafter may accrue to me against the City of Los Altos, its City Council, employees, agents, volunteers, independent contractors and instructors from and against any liability arising out of or connected in any way with my participation in a class, trip, program or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in a class, trip, program or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I agree to allow use of my image, which may be captured through video, photo, digital camera or other media, for City of Los Altos promotional materials and publications.					
Lo de accincion an outhar ris had min ag bir incin my All	epartment of the City of Los Altos, I, the best of the Saltos harmless, and hereby waive, release, personal injury, bodily injury, or propertue to me against the City of Los Adependent contractors and instructors from y way with my participation in a class, tript of negligence or carelessness on the part accidents and injuries can arise from parts, nevertheless, I hereby agree to assume rmless all of the persons or entities mention of the the salton of the salton on my heirs and assigns. I under clusive as permitted by the laws of the Salton of the remainder of the waiver will control of the graph, which may be captured through we have the salton of the salton of the salton of the salton of the waiver will control of the graph.	elow urease a erty da altos, i m and o, progrt of the irticipation ertand State ottinue ir video, progressiones, progressiones	andersigned, agrand discharge as amage which I is the City Councing against any liast ram or activity, the person or entipole is the councing and the councing and the councing and full legal force on the councing and the counci	ee to inder any and al may have il, employed ibility arising even though ities mention arip, programal arip, arip, programal arip, programal arip, arip, a	nnify and hold the City of I claims for damage, for or which hereinafter may ees, agents, volunteers, ig out of or connected in gh that liability may arise oned above. I understand m or activity; knowing the nd to release and to hold gligence or carelessness) is further understood and entered into and is to be ded to be as broad and nat if any portion is held it. I agree to allow use of her media, for City of Los

MEMBERSHIP RENEWAL					
When renewing please update the membership form and initial below.					
*After three years a new form must be filled out.					
1.	Renewal Date:	Member's Initials:	Staff/Volunteer Initials:		
2.	Renewal Date:	Member's Initials:	Staff/Volunteer Initials:		

MEMBERSHIP INFORMATION						
Membership is valid for one year from the day of sign-up.						
\$10 admin. fee for all refunds.						
Membership and Newsletter:	Membership Only:		Newsletter Only:			
Resident: \$31.00	Resident:	\$26.00	Resident:	\$5.00		
Non-Resident: \$45.00	Non-Resident:	\$40.00	Non-Resident:	\$5.00		

OFFICE USE ONLY					
Membership #:	Filing Initial:				
<u>Initial Membership:</u>	First Renewal:	Second Renewal:			
Date Rec'vd:	Date Rec'vd:	Date Rec'vd:			
Rec'vd by:	Rec'vd by:	Rec'vd by:			
Date Entered:	Date Entered:	Date Entered:			
Paid by:	Paid by:	Paid by:			
☐ Credit Card	☐ Credit Card	☐ Credit Card			
□ Cash	□ Cash	□ Cash			
☐ Check	□ Check	□ Check			
Check #:	Check #:	Check #:			